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APPLICATION NO.	FILING DATE	1	FIRST NAME	D INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/785,398	02/25/2004	Nigel N		I. Goble	2558-71	9817
TITLE OF INVENTION: E	LECTROSURGICAL SYST	EM AND METHO	טט			
APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400		\$300	\$1700	12/27/2005
EXAMINER		ART UNIT		CLASS-SUBCLASS	∸	
JOHNSON III, HENRY M		3739		606-034000	_	•
Number is required. 3. ASSIGNEE NAME ANI PLEASE NOTE: Unless recordation as set forth i (A) NAME OF ASSIGN Gyrus Medical	IEE	elow, no assignee of this form is NO	THE PATEN data will app T a substitute	reme will be printed. (print or type) (car on the patent. If an asset for filing an assignment. (CE: (CITY and STATE OR CO.) United Kingd	·	document has been filed fo
Please check the appropriate	e assignee category or catego	ories (will not be pr	inted on the p	patent): 🔲 Individual 🛭	Corporation or other private g	roup entity Governmen
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a. Applicant claims S	s (from status indicated above SMALL ENTITY status. See	e) 37 CFR 1.27.	☐ b. Applie	cant is no longer claiming SM	MALL ENTITY status. See 37 (CFR 1.27(g)(2).
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